

S. 2038. A bill to amend title XVIII of the Social Security Act to update the renal dialysis composite rate; to the Committee on Finance.

THE MEDICARE RENAL DIALYSIS PAYMENT  
FAIRNESS ACT OF 2000

Mr. CONRAD. Mr. President, today I am pleased to be joined by Senator FRIST and Representatives CAMP and THURMAN in introducing the Medicare Renal Dialysis Payment Fairness Act of 2000. This legislation takes important steps to help sustain and improve the quality of care for Medicare beneficiaries suffering from kidney failure.

Nationwide, more than 280,000 Americans live with end-stage renal disease (ESRD). In my State of North Dakota, the number of patients living with ESRD is relatively small, just over 600. However, for these patients and others across the country, access to dialysis treatments means the difference between life and death.

In 1972, the Congress took important steps to ensure that elderly and disabled individuals with kidney failure receive appropriate dialysis care. At that time, Medicare coverage was extended to include dialysis treatments for beneficiaries with ESRD.

Over the last three decades, dialysis facilities have provided services to increasing numbers of kidney failure patients under increasingly strict quality standards; however, during this same time frame reimbursement for kidney services has not kept pace with the increasing demands of providing dialysis care.

Last year, Senator FRIST and I introduced legislation to ensure dialysis facilities could continue providing quality dialysis services to Medicare beneficiaries. I am happy to say that, based on these efforts, dialysis providers received increased Medicare reimbursement in fiscal years 2000 and 2001 as part of the Medicare, Medicaid, and SCHIP Refinement Act of 1999.

While these efforts were a step in the right direction, a recent Medicare Payment Advisory Commission (MedPAC) report suggests that we must take further action to sustain patients' access to dialysis services. In particular, MedPAC recommends a 1.2 percent payment adjustment for Medicare-covered dialysis services in the next fiscal year. In addition, MedPAC recommends that the Health Care Financing Administration provide an annual review of the dialysis payment rate—a review that most other Medicare-covered services receive each year.

I believe these recommendations represent critical adjustments that must be addressed this year. For this reason, I have worked with Senator FRIST, Representative CAMP and Representative THURMAN to develop the Medicare Renal Dialysis Payment Fairness Act of 2000. This legislation would provide the payment rate improvements recommended by MedPAC and would es-

tablish an annual payment review process for dialysis services. This proposal would help ensure all dialysis providers receive reimbursement that is in line with increasing patient load and quality requirements. This is particularly important for our Nation's smaller, rural dialysis providers that on average receive Medicare payments to do not adequately reflect costs.

As the Congress considers further improvements to the Medicare Program, I urge my colleagues to support this important effort to ensure patients with kidney failure continue to have access to quality dialysis services. I thank my colleagues for working together on this bipartisan and bicameral proposal.

Mr. FRIST. Mr. President, I am pleased to join Senators CONRAD, THOMPSON, BRYAN, and DEWINE this afternoon to introduce the Medicare Renal Dialysis Payment Fairness Act of 2000. This bipartisan legislation takes important steps to assure both the quality and availability of outpatient dialysis services for Medicare patients with end-stage renal disease (ESRD).

Almost 30 years ago, Congress recognized the pain and suffering patients with end-stage renal disease face, and thus moved to provide coverage for dialysis treatment to this population under the Medicare Program. Today, approximately 300,000 patients nationwide live with this disease and receive services through Medicare. Presently, there are 3,423 dialysis facilities throughout the Nation that serve the Medicare population, 93 of which are in my home State of Tennessee.

However, I fear that a lack of proper reimbursement may adversely impact the quality and availability of dialysis care for Medicare beneficiaries. As the Medicare Payment Advisory Commission (MedPAC) noted, the payment rate for the critical dialysis services received by Medicare beneficiaries was established in 1983, and had never been updated.

Last year, Senator CONRAD and I sought to remedy this situation by introducing S. 1449, the Medicare Renal Dialysis Fair Payment Act of 1999, which provided an update to the Medicare reimbursement rate for dialysis services for Fiscal Year 2000. Thus, I was pleased to see the Balanced Budget Refinement Act of 1999 (BBRA) include a provision increasing the payment rate by 1.2 percent for Fiscal Year 2000 and 1.2 percent for Fiscal Year 2001.

However, the BBRA represented only the first step toward securing access to dialysis services for Medicare patients and ensuring they receive the highest quality of care. The legislation we are introducing today takes the necessary additional steps, as recommended by MedPAC this year, to assure proper reimbursement levels for dialysis services.

Specifically, the "Medicare Renal Dialysis Payment Fairness Act of 2000"

provides a 1.2 percent increase in the payment rate for FY 2001, in addition to the 1.2 percent update included in the BBRA, providing a 2.4 percent total increase. This follows MedPAC's analysis of dialysis center costs that concluded that prices paid by dialysis centers would rise by 2.4 percent between Fiscal Year 2000 and 2001.

Second, the legislation ensure proper reimbursement in future years by requiring the Health Care Financing Administration (HCFA) to develop a market basket index for dialysis centers that measures input prices and other relevant factors and to annually review and update the payment rate based upon this index.

Overall, the Medicare Renal Dialysis Payment Fairness Act of 2000 will ensure that dialysis facilities receive the proper Medicare reimbursement to continue to provide high quality dialysis services to the ESRD population.

I am grateful to the National Kidney Foundation, the American Nephrology Nurses Association, the Renal Physicians Association, the National Renal Administrators Association, and the Renal Leadership Council for their support of the Medicare Renal Dialysis Payment Fairness Act of 2000, and I urge my colleagues to support this critical measure.

#### ADDITIONAL COSPONSORS

S. 577

At the request of Mr. HATCH, the name of the Senator from Georgia (Mr. MILLER) was added as a cosponsor of S. 577, a bill to provide for injunctive relief in Federal district court to enforce State laws relating to the interstate transportation of intoxicating liquor.

S. 642

At the request of Mr. GRASSLEY, the name of the Senator from Georgia (Mr. MILLER) was added as a cosponsor of S. 642, a bill to amend the Internal Revenue Code of 1986 to provide for Farm and Ranch Risk Management Accounts, and for other purposes.

S. 681

At the request of Mr. DASCHLE, the name of the Senator from New Jersey (Mr. TORRICELLI) was added as a cosponsor of S. 681, a bill to amend the Public Health Service Act and Employee Retirement Income Security Act of 1974 to require that group and individual health insurance coverage and group health plans provide coverage for a minimum hospital stay for mastectomies and lymph node dissections performed for the treatment of breast cancer.

S. 805

At the request of Mr. DURBIN, the name of the Senator from New Jersey (Mr. TORRICELLI) was added as a cosponsor of S. 805, a bill to amend title V of the Social Security Act to provide for the establishment and operation of

asthma treatment services for children, and for other purposes.

S. 1020

At the request of Mr. GRASSLEY, the names of the Senator from New Mexico (Mr. DOMENICI), the Senator from Mississippi (Mr. LOTT), and the Senator from Rhode Island (Mr. L. CHAFEE) were added as cosponsors of S. 1020, a bill to amend chapter 1 of title 9, United States Code, to provide for greater fairness in the arbitration process relating to motor vehicle franchise contracts.

At the request of Mr. FEINGOLD, the name of the Senator from Hawaii (Mr. INOUE) was added as a cosponsor of S. 1020, *supra*.

S. 1391

At the request of Mr. INOUE, the names of the Senator from California (Mrs. BOXER) and the Senator from Maryland (Mr. SARBANES) were added as cosponsors of S. 1391, a bill to amend title 38, United States Code, to improve benefits for Filipino veterans of World War II, and for other purposes.

S. 1510

At the request of Mr. MCCAIN, the name of the Senator from Maryland (Mr. SARBANES) was added as a cosponsor of S. 1510, a bill to revise the laws of the United States appertaining to United States cruise vessels, and for other purposes.

S. 1810

At the request of Mrs. MURRAY, the name of the Senator from Oregon (Mr. SMITH) was added as a cosponsor of S. 1810, a bill to amend title 38, United States Code, to clarify and improve veterans' claims and appellate procedures.

S. 1900

At the request of Mr. LAUTENBERG, the name of the Senator from Pennsylvania (Mr. SANTORUM) was added as a cosponsor of S. 1900, a bill to amend the Internal Revenue Code of 1986 to allow a credit to holders of qualified bonds issued by Amtrak, and for other purposes.

S. 1974

At the request of Mr. SCHUMER, the names of the Senator from Wisconsin (Mr. KOHL), the Senator from Illinois (Mr. DURBIN), and the Senator from Nevada (Mr. REID) were added as cosponsors of S. 1974, a bill to amend the Internal Revenue Code of 1986 to make higher education more affordable by providing a full tax deduction for higher education expenses and a tax credit for student education loans.

S. 1987

At the request of Mr. DURBIN, the name of the Senator from New Jersey (Mr. TORRICELLI) was added as a cosponsor of S. 1987, a bill to amend the Violence Against Women Act of 1994, the Family Violence Prevention and Services Act, the Older Americans Act of 1965, and the Public Health Service Act to ensure that older women are

protected from institutional, community, and domestic violence and sexual assault and to improve outreach efforts and other services available to older women victimized by such violence, and for other purposes.

S. 2003

At the request of Mr. JOHNSON, the name of the Senator from New Jersey (Mr. TORRICELLI) was added as a cosponsor of S. 2003, a bill to restore health care coverage to retired members of the uniformed services.

S. 2264

At the request of Mr. JOHNSON, his name was added as a cosponsor of S. 2264, a bill to amend title 38, United States Code, to establish within the Veterans Health Administration the position of Advisor on Physician Assistants, and for other purposes.

S. 2274

At the request of Mr. GRASSLEY, the names of the Senator from Wisconsin (Mr. KOHL) and the Senator from Wisconsin (Mr. FEINGOLD) were added as cosponsors of S. 2274, a bill to amend title XIX of the Social Security Act to provide families and disabled children with the opportunity to purchase coverage under the medicaid program for such children.

S. 2308

At the request of Mr. MOYNIHAN, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 2308, a bill to amend title XIX of the Social Security Act to assure preservation of safety net hospitals through maintenance of the Medicaid disproportionate share hospital program.

S. 2399

At the request of Mr. DURBIN, the names of the Senator from South Dakota (Mr. JOHNSON), the Senator from California (Mrs. BOXER), and the Senator from Maryland (Ms. MIKULSKI) were added as cosponsors of S. 2399, a bill to amend title XVIII of the Social Security Act to revise the coverage of immunosuppressive drugs under the medicare program.

S. 2612

At the request of Mr. GRAHAM, the name of the Senator from New Jersey (Mr. TORRICELLI) was added as a cosponsor of S. 2612, a bill to combat Ecstasy trafficking, distribution, and abuse in the United States, and for other purposes.

S. 2698

At the request of Mr. MOYNIHAN, the names of the Senator from Washington (Mrs. MURRAY), the Senator from Pennsylvania (Mr. SANTORUM), the Senator from North Carolina (Mr. HELMS), and the Senator from Virginia (Mr. WARNER) were added as cosponsors of S. 2698, a bill to amend the Internal Revenue Code of 1986 to provide an incentive to ensure that all Americans gain timely and equitable access to the Internet over current and future generations of broadband capability.

S. 2787

At the request of Mr. HATCH, the name of the Senator from Washington (Mr. GORTON) was added as a cosponsor of S. 2787, a bill to reauthorize the Federal programs to prevent violence against women, and for other purposes.

S. 2828

At the request of Mr. GRASSLEY, the name of the Senator from Idaho (Mr. CRAPO) was added as a cosponsor of S. 2828, a bill to amend title XVIII of the Social Security Act to require that the Secretary of Health and Human Services wage adjust the actual, rather than the estimated, proportion of a hospital's costs that are attributable to wages and wage-related costs.

S. 2841

At the request of Mr. ROBB, the name of the Senator from New Jersey (Mr. TORRICELLI) was added as a cosponsor of S. 2841, a bill to ensure that the business of the Federal Government is conducted in the public interest and in a manner that provides for public accountability, efficient delivery of services, reasonable cost savings, and prevention of unwarranted Government expenses, and for other purposes.

S. 2938

At the request of Mr. SANTORUM, his name was added as a cosponsor of S. 2938, a bill to prohibit United States assistance to the Palestinian Authority if a Palestinian state is declared unilaterally, and for other purposes.

At the request of Mr. BROWNBACK, the names of the Senator from Oregon (Mr. SMITH), the Senator from Delaware (Mr. ROTH), the Senator from Pennsylvania (Mr. SPECTER), and the Senator from New Hampshire (Mr. SMITH) were added as cosponsors of S. 2938, *supra*.

S. 3007

At the request of Mr. LUGAR, the name of the Senator from Delaware (Mr. ROTH) was added as a cosponsor of S. 3007, a bill to provide for measures in response to a unilateral declaration of the existence of a Palestinian state.

S. 3016

At the request of Mr. ROTH, the names of the Senator from Virginia (Mr. WARNER) and the Senator from Pennsylvania (Mr. SANTORUM) were added as cosponsors of S. 3016, to amend the Social Security Act to establish an outpatient prescription drug assistance program for low-income medicare beneficiaries and medicare beneficiaries with high drug costs.

S. 3017

At the request of Mr. ROTH, the name of the Senator from Virginia (Mr. WARNER) was added as a cosponsor of S. 3017, a bill to amend the Social Security Act to establish an outpatient prescription drug assistance program for low-income medicare beneficiaries and medicare beneficiaries with high drug costs.

S. 3020

At the request of Mr. GRAMS, the name of the Senator from Pennsylvania (Mr. SANTORUM) was added as a cosponsor of S. 3020, a bill to require the Federal Communications Commission to revise its regulations authorizing the operation of new, low-power FM radio stations.

S. 3021

At the request of Mrs. HUTCHISON, the name of the Senator from South Carolina (Mr. HOLLINGS) was added as a cosponsor of S. 3021, a bill to provide that a certification of the cooperation of Mexico with United States counterdrug efforts not be required in fiscal year 2001 for the limitation on assistance for Mexico under section 490 of the Foreign Assistance Act of 1961 not to go into effect in that fiscal year.

S. CON. RES. 102

At the request of Mrs. FEINSTEIN, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. Con. Res. 102, a concurrent resolution to commend the bravery and honor of the citizens of Remy, France, for their actions with respect to Lieutenant Houston Braly and to recognize the efforts of the 364th Fighter Group to raise funds to restore the stained glass windows of a church in Remy.

S. RES. 304

At the request of Mr. BIDEN, the name of the Senator from Maine (Ms. SNOWE) was added as a cosponsor of S. Res. 304, a resolution expressing the sense of the Senate regarding the development of educational programs on veterans' contributions to the country and the designation of the week that includes Veterans Day as "National Veterans Awareness Week" for the presentation of such educational programs.

S. RES. 347

At the request of Mr. HATCH, his name was added as a cosponsor of S. Res. 347, a resolution designating the week of September 17, 2000, through September 23, 2000, as National Ovarian Cancer Awareness Week.

AMENDMENT NO. 4119

At the request of Mr. LAUTENBERG, his name was added as a cosponsor of Amendment No. 4119 proposed to H.R. 4444, a bill to authorize extension of nondiscriminatory treatment (normal trade relations treatment) to the People's Republic of China.

SENATE RESOLUTION 353—DESIGNATING OCTOBER 20, 2000, AS "NATIONAL MAMMOGRAPHY DAY"

Mr. BIDEN (for himself, Mr. ABRAHAM, Mr. AKAKA, Mr. ASHCROFT, Mr. BAYH, Mr. BINGAMAN, Mrs. BOXER, Mr. BREAUX, Mr. BRYAN, Mr. BYRD, Mr. CLELAND, Mr. CONRAD, Mr. DEWINE, Mr. DOMENICI, Mr. DORGAN, Mr. DURBIN, Mrs. FEINSTEIN, Mr. FITZGERALD, Mr.

FRIST, Mr. GORTON, Mr. GRAHAM, Mr. GRAMM, Mr. HAGEL, Mr. HELMS, Mrs. HUTCHISON, Mr. INOUE, Mr. JEFFORDS, Mr. JOHNSON, Mr. KENNEDY, Mr. KERREY, Mr. KERRY, Mr. HOLLINGS, Ms. LANDRIEU, Mr. LAUTENBERG, Mr. LEAHY, Mr. LEVIN, Mr. LIEBERMAN, Mrs. LINCOLN, Mr. LUGAR, Mr. MACK, Ms. MIKULSKI, Mr. MILLER, Mr. MURKOWSKI, Mrs. MURRAY, Mr. REID, Mr. ROBB, Mr. ROTH, Mr. SARBANES, Mr. SCHUMER, Mr. SMITH of Oregon, Ms. SNOWE, Mr. SPECTER, Mr. VOINOVICH, Mr. WARNER, and Mr. WELLSTONE) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 353

Whereas according to the American Cancer Society, in 2000, 182,800 women will be diagnosed with breast cancer and 40,800 women will die from this disease;

Whereas in the decade of the 1990's, it is estimated that about 2,000,000 women were diagnosed with breast cancer, resulting in nearly 500,000 deaths;

Whereas the risk of breast cancer increases with age, with a woman at age 70 years having twice as much of a chance of developing the disease as a woman at age 50 years;

Whereas at least 80 percent of the women who get breast cancer have no family history of the disease;

Whereas mammograms, when operated professionally at a certified facility, can provide safe screening and early detection of breast cancer in many women;

Whereas experts agree that mammography is the best method of early detection of breast cancer, and early detection is the key to saving lives;

Whereas mammograms can reveal the presence of small cancers up to 2 years or more before a regular clinical breast examination or breast self-examination, reducing mortality by more than 30 percent; and

Whereas the 5-year survival rate for localized breast cancer is over 96 percent: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates October 20, 2000, as "National Mammography Day"; and

(2) requests that the President issue a proclamation calling upon the people of the United States to observe such day with appropriate programs and activities.

Mr. BIDEN. Mr. President, today I am introducing a resolution designating October 20, 2000, as "National Mammography Day". I am pleased that 54 of my colleagues have endorsed this proposal by agreeing to be original cosponsors. I might note that I have introduced a similar resolution each year since 1993, and on each occasion the Senate has shown its support for the fight against breast cancer by approving the resolution.

Each year, as I prepare to introduce this resolution, I review the latest information from the American Cancer Society about breast cancer. For the year 2000, it is estimated that nearly 183,000 women will be diagnosed with breast cancer and slightly fewer than 41,000 women will die of this disease.

In past years, I have often commented on how gloomy these statistics were. But as I review how these numbers are changing over time, I have

come to the realization that it is really more appropriate to be upbeat about this situation. The number of deaths from breast cancer is falling from year to year. Early detection of breast cancer continues to result in extremely favorable outcomes: 96 percent of women with localized breast cancer will survive 5 years or longer. New digital techniques make the process of mammography much more rapid and precise than before. Government programs will provide free mammograms to those who can't afford them. Information about treatment of breast cancer with surgery, chemotherapy, and radiation therapy has exploded, reflecting enormous research advances in this disease.

So I am feeling quite positive about breast cancer. A diagnosis of breast cancer is not a death sentence, and I encounter long-term survivors of breast cancer so frequently now on a daily basis that I scarcely give it a second thought. And the key to this success is early diagnosis and treatment, with routine periodic mammography being the linchpin of the entire process. Routine mammography can locate a breast cancer as much as 2 years before it would be detectable by self-examination. The statistics tell the story: the number of breast cancer deaths is declining despite an increase in the number of breast cancer cases diagnosed. More women are getting mammograms, more breast cancer is being diagnosed, and more of these breast cancers are discovered at an early and highly curable stage.

So my message to women is: have a periodic mammogram. Early diagnosis saves lives. But I know many women don't have annual mammograms, usually because of either fear or forgetfulness. Some women avoid mammograms because they are afraid of what they will find. To these women, I would say that if you have periodic routine mammograms, and the latest one comes out positive, even before you have any symptoms or have found a lump on self-examination, you have reason to be optimistic, not pessimistic. Such early-detected breast cancers are highly treatable.

Let me consider an analogous situation. We know that high blood pressure is a killer, and we are all advised to get our blood pressure checked from time to time. Are we afraid to do this? No. Why not? Because we know that even if high blood pressure is detected on a screening examination, it can be readily and successfully treated. We also know that high blood pressure is not going to go away by itself, so if we have it, we should find out about it, get it treated, and move ahead with our lives.

The argument for having periodic routine mammograms to detect breast cancer is similar. Most of the time, the examination is reassuringly negative. But if it is positive, and your previous